

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 566717

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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14	1					
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16		1				
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18		1				
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21		1				
22		1				
23		2				
24		1				
25		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	33					
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						